

Application # _____



**DEPARTMENT OF COMMUNITY SERVICES
AND RECREATION**

5 Linsley St., North Haven, CT 06473 · 203-239-5321 x500

APPLICATION FOR UTILIZATION OF OUTREACH FUNDS

Name _____

Address _____

Phone _____

Today's Date _____

Statement of Need

Income

List all members in household. Use additional space on back if necessary.

Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month

Total Annual Household Income

Assets

You must provide verification of liquid assets for all members over the age of 18 in household. Please refer to your most recent bank statements to obtain this information and add it to the grid below.

RESOURCE	CURRENT VALUE	BANKING INSTITUTION
Checking account(s)	\$	
Savings account(s)	\$	
Credit union accounts (s)	\$	
Stocks/Shares	\$	
Bonds	\$	
Certificate(s) of Deposit (CD)	\$	
Individual Retirement Accounts* (401K, etc.)	\$	
Other (specify):	\$	
	\$	
TOTAL	\$	

Housing

Do you own your home? Yes No What is your monthly mortgage? _____

Are you currently renting? Yes No What is your monthly rent payment? _____

Landlord contact information: _____

Do you pay property tax in the Town of North Haven? Please list. _____

Certification

I hereby verify that all of the information provided by me in order to obtain assistance from the Town of North Haven Department of Community Services and Recreation is true and correct to the best of my knowledge and belief.

I have also reviewed and been given a copy of the Emergency Fund Guidelines and Disclaimers. _____
Please initial.

Applicant's Signature*

Date

***Do not sign this application until your appointment. To make this application active and valid, you will be asked to sign this document in front of the Department of Community Services staff member.**

STAFF USE ONLY. DO NOT WRITE ON THIS PAGE.**Applicants must be a resident of the town of North Haven.**

- Referral made by a school social worker? Y / N
- Name of referring social worker/ school: _____
- Photo identification provided? Y / N
- Application for assistance completed? Y / N
- Income documentation (for each working individual over age of 18) provided? Y / N
- Most recent bank statement(s) provided? All pages? Y / N
- Assessor's office contacted for tax payer verification? Y / N
- If renter, copy of lease provided? Y / N

To be considered eligible:

-Combined household income should not exceed 60% of the Annual State Median Income Guidelines. See below.

*Refer to grid and circle the one that applies. Based on number of family members, total annual income must fall under this amount.

-Assets should not exceed \$3,500 as renter, \$5,000 as homeowner

Connecticut State Median Income Guidelines for FY 2015

	60 Percent of Estimated State Median Income*							
	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-person Family	
	\$32,515	\$42,519	\$52,524	\$62,528	\$72,532	\$82,537	\$84,413	86,289

Has documentation verifying income and assets been provided? Y / N

Applicant's Total Annual Household Income = _____ Qualify under income guidelines? Y / N

Applicant's Total Assets = _____ Qualify under asset guidelines? Y / N

*Eligibility requirements may be waived by Director of Finance due to special circumstances Waived? Y / N

Comments / Recommendations **Date to Complete** **Completed**

Assistance towards payment for: _____

Company: _____ Amount: _____

Additional comments _____

Receipts Required? Yes No

*All receipts must be submitted to the Department of Community Services within 7 business days of the date award is presented.

Intake of emergency application completed by: _____
Print name
Please initial
Date

Authorized By: _____ **Date of Authorization:** _____
 Edward J. Swinkoski, Director of Finance & Administration,
 Director of Community Services and Recreation

Date receipt(s) returned: _____